

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Priority Health

	3383 3383 Pent Period) (Prior Period)	NAIC Company Code	95561 Emplo	yer's ID Number 38-2715520				
Organized under the Laws of	, , , , , , , , , , , , , , , , , , , ,	, State of D	omicile or Port of Fu	ntry Michigan				
Country of Domicile		United States of		illy				
Country of Domicile		United States of	America					
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service C	Corporation []				
	Vision Service Corporation []	Other []	Health Maintena	nce Organization [X]				
	Hospital, Medical & Dental Servi	ce or Indemnity []	Is HMO, Federa	lly Qualified? Yes [] No [X]				
Incorporated	03/07/1986	Commenced Business	·	10/15/1986				
Statutory Home Office	1231 East Bel	tline ,	Gran	d Rapids, MI 49525-4501				
	(Street and Num	ber)	(Cit	y or Town, State and Zip Code)				
Main Administrative Office		1231 Ea	ast Beltline					
Outsid F	Danida MI 40505 4504	(Street a	and Number)	40.0054				
	Rapids, MI 49525-4501 Town, State and Zip Code)			42-0954 elephone Number)				
Mail Address	1231 East Beltline	,	Grand Ra	apids, MI 49525-4501				
	(Street and Number or P.O. Box)			own, State and Zip Code)				
Primary Location of Books ar	nd Records		1231 East Beltline	,				
One of E			(Street and Number)	04.0005				
	Rapids, MI 49525-4501 Town, State and Zip Code)			64-8235 elephone Number)				
Internet Website Address	, ,	www.priority-ł						
-		' '	icaim.com					
Statutory Statement Contact	Malcolm Ha	<u> </u>	(Area Code)	616-464-8235) (Telephone Number) (Extension)				
malcolm.h	nall@priority-health.com			142-7916				
	(E-mail Address)		(FAX	Number)				
Policyowner Relations Conta	ct							
	(Street and N	lumber)						
(City or	Town, State and Zip Code)		(Area Code) (Teleph	one Number) (Extension)				
		OFFICERS						
President	Kimberly K Horn	OTTIOLITO	Secretary	Judith W Hooyenga				
Treasurer	Dennis J Reese		, <u></u>	, ,				
	•	ICE PRESIDENTS						
Dennis J Re		Judith W Hooyenga						
	DIREC	CTORS OR TRUST	FFS					
Richard C. E		Marilyn M Brown		Gaylen J Byker				
James H Chi	ldress	Dale A Dykema		Michael P Freed				
Jon M Ga		David E Gast		Gail D Gwizdala				
Jody D Vand Lynn M Kot		Edward A Higuera Thomas R Macholan		Nicholas P Kokx Charles E McCallum				
George N Mo		Timothy V Smith		Hilary F Snell				
Luis A Tom		Joseph L Brock	 -	Harold E Burrell				
Kenneth J Fa		Jerold R Harwood		Peter B Lundeen				
Donald Oet	man	Dale M Sowders						

State of	Michigan	\	SS
County of	Kent)	

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Kimberly K Horn
President

Subscribed and sworn to before me this
14th
day of

May, 2003

Cheryl Britcher
Administrator to the Office of the President
12/30/2005

ASSETS

			Current Statement Date	<u> </u>	4
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1	Bonds			39,575,106	
	Stocks:		0		
۷.	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks			0	0
Q	Mortgage loans on real estate:		0	0	0
٥.	3.1 First liens	0	0	0	0
	3.2 Other than first liens		0	0	0
1	Real estate:		0	0	
٦.	4.1 Properties occupied by the company (less				
	\$encumbrances)	674 406	0	674 406	71/ 177
	·	074,400		074,400	114,177
	4.2 Properties held for the production of income	0	0		0
	(less \$ encumbrances)		JU	0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)		0	0	0
5.	Cash (\$69,823,074) and short -term				
	investments (\$40,905,099)	110,728,173		110,728,173	79 , 137 , 817
6.	Contract loans, (including \$premium notes)	0		0	
7.	Other invested assets	2,601,168	0	2,601,168	3,520,750
8.	Receivable for securities	0	0	0	0
9.	Aggregate write-ins for invested assets	15,000	15,000	0	0
10.	Subtotals, cash and invested assets (Lines 1 to 9)	153,593,853	15,000	153,578,853	124,686,516
	Investment income due and accrued			1,229,395	722,964
12.	Premiums and considerations:				
	12.1 Uncollected premiums and agents' balances in the course of				
	collection	14,659,115	66,585	14,592,530	12,971,630
	12.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	0	0	0	
	12.3 Accrued retrospective premiums		0	0	
13	Reinsurance:				
10.	13.1 Amounts recoverable from reinsurers	0	0	0	0
	13.2 Funds held by or deposited with reinsured companies			0	
	13.3 Other amounts receivable under reinsurance contracts				
14	Amounts receivable relating to uninsured plans		0	0	n
	Current federal and foreign income tax recoverable and interest thereon				0
	Net deferred tax asset			0	0
	Guaranty funds receivable or on deposit				
	Electronic data processing equipment and software			417,794	
	Furniture and equipment, including health care delivery assets		013,121	417,734	
10.		120 571	429,574	0	0
10			0		0
	Net adjustment in assets and liabilities due to foreign exchange rates			1,169,253	2,670,876
	Receivables from parent, subsidiaries and affiliates				
	Health care (\$) and other amounts receivable				
	Other assets nonadmitted			0	_
	Aggregate write-ins for other than invested assets	1,200,3/5	1,200,3/5	J	0
24.	Total assets excluding Separate Accounts, Segregated Accounts and	105 047 640	7 000 407	177 057 170	150 407 404
0.5	Protected Cell Accounts (Lines 10 to 23)	100,047,043		1/0,007,1/0	130 , 427 , 434
25.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.		7 000 407	U	450, 407, 404
26.	Total (Lines 24 and 25)	185,847,643	7,990,467	177,857,176	150,427,434
	DETAILS OF WRITE-INS				
	LT investment in Michigan Affiliated Health Plan				0
	Summary of remaining write-ins for Line 9 from overflow page			0	0
	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	15,000	15,000	0	0
	Goodwill		537 , 708	0	0
2302.	Prepaid Expenses.	718,667	718,667	0	0
2303.				0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page		0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	1,256,375	1,256,375	0	0

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP		Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$1, 152,000 reinsurance ceded)	İ	7,493,879		
2.	Accrued medical incentive pool and bonus payments				
3.	Unpaid claims adjustment expenses		152,936		
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon (including	, , ,		, , ,	, , , , , , , , , , , , , , , , , , , ,
	\$ on realized capital gains (losses))			0	0
10.2	2 Net deferred tax liability.				
	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
	Borrowed money (including \$current) and				
	interest thereon \$(including				
	\$ current)			0	0
15	Amounts due to parent, subsidiaries and affiliates				
	Payable for securities				
	Funds held under reinsurance treaties with (\$				
	authorized reinsurers and \$unauthorized				
	reinsurers)			0	0
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				0
	Aggregate write-ins for other liabilities (including \$				
21.	current)	0	0	0	0
22	Total liabilities (Lines 1 to 21)				
	Common capital stock				
24.	Preferred capital stock				
25.	Gross paid in and contributed surplus				
26.	Surplus notes				
27.	Aggregate write-ins for other than special surplus funds				
28.	Unassigned funds (surplus)				
	- · · · · · · · · · · · · · · · · · · ·	XXX	XXX	35,514,517	31, 132,274
29.	Less treasury stock, at cost:				
	29.1shares common (value included in Line 23)	2004	2007		0
	\$	XXX	XXX		υ
	29.2shares preferred (value included in Line 24)	2004	2007		0
00	\$				
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)				
31.	Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	177 , 857 , 176	150,427,434
	DETAILS OF WRITE-INS				_
	Other Accrued Expenses				
2102.					
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page				0
2199.	Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	0
2701.	Appropriated Retained Earnings				
2702.					
2703.					
2798.	Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	1,000,000	1,000,000

STATEMENT OF REVENUE AND EXPENSES

		Current Year	Prior Year To Date		
		1 Uncovered	2 Total	3 Total	
1	Member Months.		924,485	3,467,361	
	WORLDON WORLD	7000	021,100	5, 161, 1651	
2.	Net premium income (including(419,915) non-health premium income)	XXX	183,101,733	606,858,726	
3.	Change in unearned premium reserves and reserve for rate credits	l l			
4.	Fee-for-service (net of \$medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues	l l			
8.	Total revenues (Lines 2 to 7)	xxx	183 , 101 , 733	606,858,726	
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	·				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical	0	0	0	
15.	Incentive pool and withhold adjustments			0	
16.	Subtotal (Lines 9 to 15)	0	161,365,864	538,937,125	
	Less:			400,000	
	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)			538,740,832	
19.	Non-health claims				
20.	Claims adjustment expenses				
21.	General administrative expenses.			42,950,275	
22.	Increase in reserves for life and accident and health contracts including			0	
00	\$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	l l			
25.	Net investment income earned	l l			
26.	Net realized capital gains or (losses)				
			230,909		
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)			0	
20	Aggregate write-ins for other income or expenses		27,323	304 , 130	
29.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)		,		
30.	Federal and foreign income taxes incurred			13,740,370	
31.	Net income (loss) (Lines 30 minus 31)		6,401,104	15,748,378	
32.	DETAILS OF WRITE-INS	XXX	0,401,104	13,740,370	
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	
1401.	Pharmacy Expenses			0	
1402. 1403.				0	
	Summary of remaining write-ins for Line 14 from overflow page		0	0	
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	
	COB & Subrogation		27 .323	304,130	
2902.	oob a can oga oo			0	
2903.				0	
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0	
	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	27,323	304,130	

CAPITAL AND SURPLUS ACCOUNT

	CAPITAL AND SURPLUS ACCOUN	1 Current Year to Date	2 Prior Year To Date
	CAPITAL AND SURPLUS ACCOUNT:		
33.	Capital and surplus prior reporting period	61,903,566	44,345,508
	GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34.	Net income or (loss) from Line 32	6,401,104	15,748,378
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Net unrealized capital gains and losses	(426,903)	(260,202)
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax		0
39.	Change in nonadmitted assets	(193,323) .	(2,763,052)
40.	Change in unauthorized reinsurance	0	0
41.	Change in treasury stock		0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in		0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	1,463,283	5,312,184
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	(1,398,832).	(479,250)
48.	Net change in capital & surplus (Lines 34 to 47)	5,845,329	17 ,558 ,058
49.	Capital and surplus end of reporting period (Line 33 plus 48)	67,748,895	61,903,566
	DETAILS OF WRITE-INS		
4701.	Gain/(Loss) in Affiliates	(1,398,832)	(479,250)
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	(1,398,832)	(479, 250)

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
	Cook from Onevations	10 Bate	December of
1 Dramiuma a	Cash from Operations ollected net of reinsurance	190,695,026	596.939.924
	ent income		3 ,587 ,398
	us income		600,527,322
	l loss related payments		
	s to Separate, Segregated Accounts and Protected Cell Accounts.		
	s to Separate, Segregated Accounts and Protected Cell Accounts		42,450,677
	aid to policyholders	0	Λ
	foreign income taxes paid (recovered) \$net tax on capital gains (losses)	· ·	F04 700 000
•	5 through 9)		591,738,066
 Net cash fro 	m operations (Line 4 minus Line 10)	31,686,966	8,789,256
	Cash from Investments		
	om investments sold, matured or repaid:		
			0
•	ge loans		0
	state		0
	nvested assets		0
12.6 Net gai	ns or (losses) on cash and short-term investments		(873,454
12.7 Miscella	aneous proceeds		0
12.8 Total in	vestment proceeds (Lines 12.1 to 12.7)	5, 107, 809	9,686,343
	stments acquired (long-term only):		
			36,561,040
13.2 Stocks		0	0
0	ge loans		0
13.4 Real es	state		160,052
13.5 Other in	nvested assets	0	3,520,750
	aneous applications		0
13.7 Total in	vestments acquired (Lines 13.1 to 13.6)	2,598,900	40,241,842
	e (or decrease) in policy loans and premium notes	0	
15. Net cash fro	m investments (Line 12.8 minus Line 13.7 and Line 14)	2,508,909	(30,555,499
	Cash from Financing and Miscellaneous Sources		
16. Cash provid	ed (applied):		
	s notes, capital notes		
16.2 Capital	and paid in surplus, less treasury stock	1,463,283	5 , 312 , 184
16.3 Borrow	ed funds received	0	0
16.4 Net der	posits on deposit-type contracts and other insurance liabilities		
16.5 Divider	ds to stockholders	0	0
16.6 Other of	ash provided (applied)	(4,068,803)	814,552
	m financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)		6,126,736
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS	,	
18. Net change	in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	31,590.355	(15,639.507
-	ort-term investments:	, ,	
	ing of period		94.777.324
_	period (Line 18 plus Line 19.1).		79,137,817

EXHIBIT OF PREMIUMS. ENROLLMENT AND UTILIZATION

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION													
	1	Compre		4	5	6	7	8	9	10	11	12	13
		(Hospital 8	k iviedicai)				Federal						
							Employees						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:					,	- ,	-						
1. Prior Year	288,535	207	288,328	0	0	0	0	0	0				0
2 First Quarter	311,254	630	310,624										
3 Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6 Current Year Member Months	924,485	1,804	922,681										
Total Member Ambulatory Encounters for Period:													
7. Physician	517 ,974	1,011	516,963										
8. Non-Physician	14,045	27	14,018										
9. Total	532,019	1,038	530,981	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	17,481	34	17,447										
11. Number of Inpatient Admissions	4,793	9	4,784										
12. Health Premiums Collected	175,925,013	532,341	175,392,672										
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	183 , 521 , 648	555 , 328	182,966,320										
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	144,837,091	272,116	143,306,490		•••••				1,258,485				
18. Amount Incurred for Provision of Health Care Services	161,365,864	293,852	160,567,509						504,503				

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Payable (Reported)										
0199999 Individually Listed Claims Payable	0	0	0	0	0	0 057 000				
0299999 Aggregate Accounts Not Individually Listed-Uncovered	2,657,983					2,657,983				
0399999 Aggregate Accounts Not Individually Listed-Covered	15,088,831					15,088,831				
0499999 Subtotals	17,746,814	0	0	0	0	17,746,814				
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	52,528,726				
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	1,220,918				
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	71,496,458				
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	19,922,654				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y	EAR - NET OF F	REINSURANCE	Liab			
		ims				
	Paid Yea		End of Curr	ent Quarter	5	6
Line of Business	On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital & medical)	37 ,349 ,258	106,082,765	14,528,042	56,212,885	51,877,300	58,204,620
Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan Premiums					0	0
Title XVIII - Medicare 7. Title XIX - Medicaid	735,971		755.531		1,491,502	1,536,035
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8)	38,085,229	106,082,765	15,283,573	56,212,885	53,368,802	59,740,655
10. Other non-health					0	
11. Medical incentive pools, accruals and disbursements	669,098		15,713,841	4,208,813	16,382,939	14,052,199
12. Totals	38,754,327	106,082,765	30,997,414	60,421,698	69,751,741	73,792,854

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NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity in Statements?	mplement any significant					Yes	[]	No	[X]
1.2	If yes, explain:									
2.1	Did the reporting entity e		ransactions requiring the	e filing of Disclosure	of Material Transactions	with the State of	Yes	[]	No	[X]
2.2	If yes, has the report bee	en filed with the domicilia	ry state?				Yes	[]	No	[]
3.1	Has any change been m reporting entity?	ade during the year of th					Yes	[]	No	[X]
3.2	If yes, date of change:									
	If not previously filed, fur	nish herewith a certified	copy of the instrument a	as amended.						
4.	Have there been any sul	bstantial changes in the o	organizational chart sinc	ce the prior quarter e	nd?		Yes	[]	No	[X]
	If yes, attach an explana	tion.								
5.1	Has the reporting entity	been a party to a merger	or consolidation during	the period covered b	y this statement?		Yes	[]	No	[X]
5.2	If yes, provide the name ceased to exist as a resi	of entity, NAIC Company		micile (use two letter	state abbreviation) for a	ny entity that has				
	Γ		1 Name of Entity		2 NAIC Company Code	3 State of Domicile				
	Ë									
6.	If the reporting entity is s fact, or similar agreement If yes, attach an explana	nt, have there been any s					Yes [] No	[X]	NA	[]
7.1	State as of what date the	e latest financial examina	ition of the reporting ent	ity was made or is be	eing made.			12/	31/1	999
7.2	State the as of date that		ination report became a	available from either t	he state of domicile or the	ne reporting entity. This		12/	31/1	999
7.3	State as of what date the the reporting entity. This		tion report became ava	ilable to other states amination report and	or the public from either not the date of the exam	the state of domicile or ination (balance sheet		06/	21/2	nn1
7.4	By what department or c							007	21/2	001
0.4			- 1 - 2 - P							
8.1	Has this reporting entity or revoked by any gover confidentiality clause is		reporting period? (You	need not report an a	action, either formal or in	formal, if a	Yes	[]	No	[X]
8.2	If yes, give full information							. ,		
9.1	Is the company a subsid	iary of a bank holding co	mpany regulated by the	Federal Reserve Bo	ard?		Yes	[]	No	[X]
9.2	If response to 9.1 is yes,							. ,		[]
9.3	Is the company affiliated	Yes	[]	No	[X]					
9.4	If response to 9.3 is yes, federal regulatory servic Thrift Supervision (OTS) the affiliate's primary fed	es agency [i.e. the Feder i, the Federal Deposit Ins	al Reserve Board (FRB), the Office of the Co	emptroller of the Currence	y (OCC), the Office of				
	1	2 Location	3	4	5	6		7		
	Affiliate Name	(City, State)	FRB	OCC	OTS	FDIC	S	EC		

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.) **INVESTMENT**

	Has there been any change in the reporting entity's own preferred or common stock? If yes, explain:									No [X]
	for use by another per If yes, give full and con	s, bonds, or other assets o son? (Exclude securities u mplete information relating	nder securit	ies lending agreem	ents.)				Yes []	No [X]
12.	Amount of real estate	and mortgages held in oth	er invested	assets in Schedule	BA:			\$		0
13.	Amount of real estate	and mortgages held in sho	rt-term inve	stments:				\$		0
14.1	Does the reporting e	ntity have any investments	in parent, s	ubsidiaries and affil	iates?				Yes [X]	No []
14.2	If yes, please comple	ete the following:								
14.2 ⁻	1 Bonds				\$.	1 Prior Year-End Statement Value	State	2 rent Quarter ement Value		
14.23	Gommon Stock				. \$.		\$			
14.24 14.25 14.26	Mortgages, Loans of	ents or Real Estate			\$.	3,535,750	\$	2,601,168		
14.27	7 Total Investment in to 14.26)	Parent, Subsidiaries and A	ffiliates (Su	btotal Lines 14.21	\$.	3,535,750	\$	2,601,168		
14.28 14.29		Parent included in Lines 14 trent not included in Lines 1					:			
15.1	Has the reporting entit	ty entered into any hedging	transaction	s reported on Sche	dule DB?				Yes []	No [X]
15.2	If yes, has a comprehe	ensive description of the he	dging prog	ram been made ava	ailable to the	domiciliary state?			Yes []	No [X]
	If no, attach a descript	tion with this statement.								
16.	deposit boxes, were a qualified bank or trust	nedule E, real estate, morto Il stocks, bonds and other s company in accordance wi kaminers Handbook?	securities, o th Part 1 - 0	wned throughout th General, Section IV.	ie current yea .H - Custodia	ar held pursuant to a cust I or Safekeeping Agreem	todial agreement nents of the NAIC	with a	Yes [X]	No []
16.1		at comply with the requirem							.00 []	[]
		Name	1 f Custodian	(a)		2 Custodian Addr				
		Prime Advisors, Inc				d, Connecticut 06002				
16.2	For all agreements that location and a comple	at do not comply with the re te explanation:	quirements	of the NAIC Financ	cial Condition	Examiners Handbook, p	provide the name	,		
		1 Name(s)		2 Location(s	s)	Complete Ex	3 xplanation(s)			
16.3	Have there been any	changes, including name c	nanges in th	ne custodian(s) iden	ntified in 16.1	during the current quarte	ər?		Yes []	No [X]
16.4	If yes, give full and con	mplete information relating	thereto:							
		1 Old Custodian	New	2 / Custodian	3 Date of Ch	ange F	4 Reason			
16.5		advisors, brokers/dealers ourities and have authority to					the investment			
		1 Central Registratio	n Denosito	y Na	2 me(s)		3 Address			
		Soma Hogistiano	200001101	, INA						

SCHEDULE A - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	714 , 177	874,229
2. Increase (decrease) by adjustment		(160,052)
3. Cost of acquired		0
Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
Book/adjusted carrying value at end of current period	674,406	714,177
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	6/1 106	714,177
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, current period)	674,406	714,177

SCHEDULE B – VERIFICATION

	_	
	1	2 Prior Year Ended
	Year to Date	December 31
HANE	Teal to Date	December 51
1. Book/adjusted carrying value, December 31 of prior year		
Amount loaned during period:		
2.1. Actual cost at time of acquisitions		
Additional investment made after acquisitions		
Accrual of discount and mortgage interest points and commitment fees		
Increase (decrease) by adjustment		
5 Total profit (loss) on sala		
5. Total profit (loss) on sale	-	
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
Increase (decrease) by foreign exchange adjustment		
Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period		

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1	2
	Year to Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,520,750	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions 2.2. Additional investment made after acquisitions		3,520,750
2.2. Additional investment made after acquisitions		0
3. Accrual of discount 4. Increase (decrease) by adjustment 5. Total profit (loss) on sale 6. Amounts paid on account or in full during the period 7. Amortization of premium 8. Increase (decrease) by foreign exchange adjustment 9. Book/adjusted carrying value of long-term invested assets at end of current period		0
4. Increase (decrease) by adjustment	(919,582)	0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
Increase (decrease) by foreign exchange adjustment		0
Book/adjusted carrying value of long-term invested assets at end of current period	2,601,168	3,520,750
10. Total valuation allowance		0
10. Total valuation allowance 11. Subtotal (Lines 9 plus 10)	2,601,168	3,520,750
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period	2,601,168	3,520,750

SCHEDULE D - VERIFICATION

	1	2 Prior Year Ended
	Year to Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	41,313,771	15,435,363
Cost of bonds and stocks acquired Accrual of discount	2,839,471	36,561,040
3. Accrual of discount	(159,827)	(196,491)
4 Ingresse (decrease) by adjustment	Λ	, , , , ,
Increase (decrease) by adjustment Increase (decrease) by foreign exchange adjustment		0
Total profit (loss) on disposal Consideration for bonds and stocks disposed of	(2,536)	73,656
Consideration for bonds and stocks disposed of	4,415,773	10,559,797
8. Amortization of premium		
Amortization of premium Book/adjusted carrying value, current period		41,313,771
10. Lotal valuation allowance		()
11. Subtotal (Lines 9 plus 10)		41,313,771
12. Total nonadmitted amounts		0
13. Statement value (Lines 11 minus 12)	39,575,106	41,313,771

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1		Quarter for all Bonds and P	referred Stock by Hating C			1	_
	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	70,913,496	23 , 290 , 221	13,426,030	(297 ,485)	80,480,202	0	0	70,913,496
2. Class 2	0				0	0	0	0
3. Class 3	0				0	0	0	0
4. Class 4	0				0	0	0	0
5. Class 5	0				0	0	0	0
6. Class 6	0				0	0	0	0
7. Total Bonds	70,913,496	23,290,221	13,426,030	(297,485)	80,480,202	0	0	70,913,496
PREFERRED STOCK								
8. Class 1	0				0	0	0	
9. Class 2	0				0	0	0	
10. Class 3	0				0	0	0	
11. Class 4	0				0	0	0	
12. Class 5	0				0	0	0	
13. Class 6	0				0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	70,913,496	23,290,221	13,426,030	(297,485)	80,480,202	0	0	70,913,496

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
				Amount of Interest	Paid for
	Book/Adjusted			Received Current	Accrued
	Carrying Value	Par Value	Actual Cost	Quarter	Interest
8099999 Totals	40,905,098	XXX	41,169,743	230,722	170,264

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned

Snort-Term investments Owned		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	29,599,727	31,762,124
Cost of short-term investments acquired	20,450,750	108,425,582
Increase (decrease) by adjustment	(145,378)	(271,979)
Increase (decrease) by foreign exchange adjustment		
Total profit (loss) on disposal of short-term investments		
Consideration received on disposal of short-term investments	9,000,000	110,316,000
7. Book/adjusted carrying value, current period	40,905,099	29 , 599 , 727
8. Total valuation allowance		
9. Subtotal (Lines 7 plus 8)	40,905,099	29 , 599 , 727
10. Total nonadmitted amounts		0
11. Statement value (Lines 9 minus 10)	40,905,099	29 , 599 , 727
12. Income collected during period	(84,921)	1,294,136
13. Income earned during period	145,079	1,167,714

Schedule DB - Part F - Section 1 NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE S—CEDED REINSURANCE Showing all new reinsurers - Current Year to Date

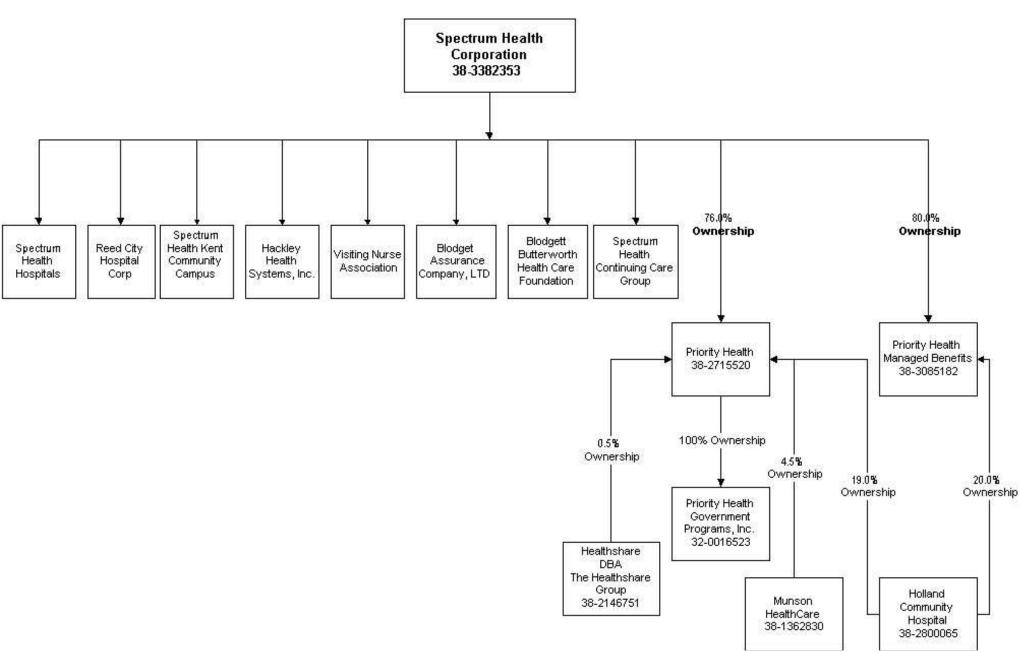
1	2	3	4	5
NAIC	Fadaral			Is Insurer
NAIC Company Code	Federal ID Number	Name of Poincurer	Location	Authorized? (Yes or No)
Company Code	ID Nullibel	Name of Reinsurer LIFE AND ANNUITY AFFILIATES LIFE AND ANNUITY NON-AFFILIATES ACCIDENT AND HEALTH AFFILIATES ACCIDENT AND HEALTH NON-AFFILIATES	Location	(Tes of No)
		LIEE AND ANNUITY MON ACCITATES		
		ACCIDENT AND MENITURATED LITTLES		
		ACCIDENT AND HEALTH NON ACCIDENT		
90611	41 - 1366075	Allianz Life Insurance Company	Minnesota	Yes
		ATTTAIL LITE MISUTANCE COMPANY	milliosota	
				
				·
				····
				l
	1			·
			l	<u> </u>

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

			1	Allocated by	States and Ter		Direct Rusiness	Only Year-to-Da	te	
			ı	2	3	4	5	6	7	8
	States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/ Casualty Premiums
	Alabama	AL	No	No						
	Alaska		No	No						
_	Arkansas		NoNo	No No						
	California		NoNo	NoNo						
	Colorado		No	No						
	Connecticut		No	No						
	Delaware		No	No						
9.	District of Columbia	DC	No	No						
10.	Florida	FL	No	No						
11.	Georgia		No	No						
12.	Hawaii		No	No						
_	Idaho		No	No						
	Illinois		No	No						
	Indiana		No	No No						
	lowa		No No.	No No				†	<u> </u>	†
	Kentucky		NoNo	No					······	<u> </u>
	Louisiana		No	No						
	Maine		No	No						
	Maryland		No	No						
22.	Massachusetts	MA	No	No						
23.	Michigan	MI	No	Yes	183,521,648					
24.	Minnesota		No	No						
25.	Mississippi		No	No						
	Missouri	MO	No	No						
	Montana		No	No						
_	Nebraska		No No.	No No						
	New Hampshire		NoNo	NoNo						
	New Jersey		No	No						
	New Mexico		No	No						
	New York		No	No						
	North Carolina		No	No						
35.	North Dakota	ND	No	No						
36.	Ohio	OH	No	No						
37.	Oklahoma		No	No						
	Oregon		No	No						
	Pennsylvania		No	No No						
	Rhode Island		NoNo	No No						
	South Dakota		No	No						
	Tennessee		No	No						
	Texas		No	No						
	Utah		No	No						
	Vermont		No	No						
	Virginia		No	No						.
	Washington		No	No						
	West Virginia			No						
	Wisconsin		No	No						
	Wyoming		No	No						
	American Samoa		No No	No						†
	Puerto Rico		No							
	U.S. Virgin Islands									
	Canada			No						
	Aggregate Other Alien			XXX	0	0	0	0	0	0
	Total (Direct Business)		XXX	(a) 1	183,521,648	0	0	0	0	0
	DETAILS OF WRITE-INS		· <u> </u>							<u> </u>
							_			ļ
5702.										
5703.							0	^	^	
	Summary of remaining write-ins for Lin			e	0 0			0	0	
	Totals (Lines 5701 thru 5703 plus 579) rt the number of yes responses except f		,		Į U	0	0	0	0	C

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

	RESPONSE
Will the SVO Compliance Certification be filed with this statement?	Yes
Explanation:	
Bar Code:	

OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

SCHEDULE BA - PART 1

		Showir	Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter	RED during the Currel	nt Quarter				
-	Location		4	5	9	7	8	6	10
	2	3					:		(
				Date	Actual	Amount of	Book/Adjusted Carrying Value	Increase (Decrease)	Increase (Decrease) by Foreign Exchange
Number of Units and Description	City	State	Name of Vendor	Acquired	Cost	Encumbrances	Less Encumbrances	by Adjustment	Adjustment
9999999 Totals									

SCHEDULE BA - PART 2

		Showing Oth	Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter	ransferred or paid	or paid in full during tl	he Current Quar	ter					
-	Loc	Location	4	2	9	7	8	6	10	11	12	13
	N	m			Book/ Adjusted Carrying		Increase (Decrease) by	Book/ Adjusted Carrying		O O O		
			Name of Purchaser or		Encum- brances,	Increase (Decrease)	Foreign Exchange	Encum- brances at	Consideration	Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss)
Number of Units and Description	Oity	State	Nature of Disposition	Date Acquired	Prior Year	by Adjustment	Adjustment	Disposition	Received	on Sale		on Sale
Investment in Priority Health Government Programs.	Grand Rapids	Michigan	Operational losses by affiliate	10/01/2002	3,520,750	(919,582)						
1499999 - Any Other Class of Invested Assets	ets				3,520,750	(919,582)						
							_					

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

-	0		g-Term Bonds and Stock Acquired by the Company During tr	- Current Quarter	0	7	8	
O LIOID	2	3	4	5	6	/	· ·	9
CUSIP	5			Number of	Actual	5 1/ 1	Paid for Accrued	NAIC
Identification	Description	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Designation (a)
BONDS								
GOVERNMENTS								
UNITED STATES			I = 1 = 1 = 1 = 1					
	FHLMC 3.000 07/15/2004	03/19/2003	FIFTHTHIRD.		255, 125	250,000	1,333	
0399996 - Bonds -		255,125	250,000	1,333				
	- Bonds - U.S. Government	255,125	250,000	1,333	XXX			
SPECIAL REVENUE & SPE	CIAL ASSESS.							
UNITED STATES								
	FHLMC C70767 6.000 09/01/2032	02/04/2003	UBSUBS		517,605	499,951	1,000	
31385J-LC-0	FNMA #545823 5.500 08/01/2017	02/04/2003	UBS		517,891	500,000	1,375	11
	FHLMC 2580 QL 4.500 01/01/2008	03/03/2003	FIRSTTEN		511,094	500,000	1,688	11
	- Special Revenues - United States	1,546,590	1,499,951	4,062	XXX			
3199999 - Total -	- Bonds - Special Revenue				1,546,590	1,499,951	4,062	XXX
INDUSTRIAL & MISC. (U	INAFF I L)							
UNITED STATES								
CDH369-65-3	HUNTINGTON NATL CD# 4.550 01/22/2004	03/24/2003	FIFTHTHIRDFIFTHTHIRD		674	674		1
CDX047-08-7	BANK OF HOLLAND CD 4.810 12/24/2005	01/23/2003	FIFTHTHIRD		644	644		1
	COMERICA BANK CD#38 5.630 07/24/2003	03/11/2003	FIFTHTHIRD		891	891		11
	– Industrial and Misc – United States				2,209	2,209	0	XXX
4599999 - Total - Bonds - Industrial, Misc.						2,209	0	XXX
6099997 - Total -	- Bonds - Part 3				1,803,924	1,752,160	5,396	XXX
6099998 - Total -	- Bonds - Part 5				1,035,547	1,000,000	2,375	XXX
6099999 - Total -	- Bonds				2,839,471	2,752,160	7,771	XXX
6599999 - Total - Preferred Stocks						XXX	0	XXX
709999 - Total - Common Stocks						XXX	0	XXX
	- Preferred and Common Stocks	0	XXX	0	XXX			
								
								
								
				.4				
7299999 - Totals					2,839,471	XXX	7,771	XXX

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter 12 13 17 3 11 14 15 16 Increase Interest on Dividends or NAIC (Decrease) Foreign Bonds Stocks Increase **CUSIP** Number of Book/Adjusted (Decrease) by Foreign Exchange Realized Gain Total Gain Received Received Desig-Identi-Disposal Shares of Carrying Value at by Exchange Gain (Loss) (Loss) on (Loss) on During During nation Actual Cost fication Description Date Name of Purchaser Stock Consideration Par Value Disposal Date Adjustment Adjustment on Disposal Disposal Disposal Year Year (a) ENNESSEE 8148N-AL-7.... EDUCATIONAL FDG SOU 1.298 06/01/2032....03/26/2003... HOUGH. 500.000 500.000 500.000 500,000 TOTAL TENNESSEE 500 000 500.000 500.000 500.000 2.184 XXX XXX EXAS 06238-HR-2....BRAZOS TX HIGHER ED 1.500 12/01/2037....03/26/2003....DAIN BOSWORTH. 500 000 500 000 500 000 500 000 1PF 2 236 500,000 500.000 500,000 500.000 2,236 XXX XXX 6386N-AT-9...|STUDENT LN FIN ASSN 1.299 06/01/2038.|..03/24/2003...|HOUGH. .500,000 .500,000 .500,000 500.000 1PE TOTAL WASHINGTON 500.000 500.000 XXX XXX BONDS SPECIAL REVENUE & SPECIAL ASSESS. UNITED STATES 31287X-Z8-2.. 6.000 09/01/2032... .108 .(53) 31292H-R7-1... FHLMC C01410 6.000 10/01/2032 ..03/01/2003 MBS PAYDOWN. 34.936 .34.936 .36.034 .34,990 (189) .723 31292H-RZ-9... FHLMC C01404 MBS PAYDOWN. 63,435 .63,435 .65,814 .63,624 6.500 10/01/2032....03/01/2003. SECURITY CALLED BY ISSUER at 3133T2-U4-0... FHLMC 26 CC 100.00.. 111.000 .(2.536) 1,170 6.500 11/01/2004 .03/25/2003 .111.000 .113.914 .113.733 .(2,536 6.250 11/01/2003... MBS PAYDOWN 409.043 ..409,043 417,608 ..(3,651 4.806 3133TE-3L-6... FHLMC 2054 PC ..03/01/2003 ..412,694 31371H-D9-6.. .38.996 .38.996 .39,104 .(107 424 FNMA #252228 7.000 12/01/2028... ..03/01/2003 MBS PAYDOWN .40.842 .54,365 .56,947 31374G-WG-8 FNMA #313947 54,365 .(221) .601 7.000 01/01/2028 ..03/01/2003 MBS PAYDOWN. .54,586 MBS PAYDOWN 31385J-LC-0.. FNMA #545823 5.500 08/01/2017 20.950 .20,950 96 03/01/2003 20.950 72.903 755 31388K-GA-4.. FNMA #606893 6.500 10/01/2031 ...03/01/2003 MBS PAYDOWN. .70.844 .70.844 .70.989 .(145) (132) 1388L-C8-1. FNMA #607695 6.500 11/01/2031 ...03/01/2003 MBS PAYDOWN, .57,960 57.960 .59,925 .58,092 .675 1388R-GT-8.. FNMA #612310 6.000 09/01/2016. ..03/01/2003 MBS PAYDOWN. 118,244 118,244 .122 , 198 .118,664 (420) 1,104 1389U-TR-0. FNMA #636060 7.000 04/01/2032 .03/01/2003 MBS PAYDOWN. 101,816 101,816 105,857 102,218 (402) 1,120 .03/01/2003 1,652 31390P-TE-7 FNMA #652249 5.000 09/01/2017 MBS PAYDOWN .178,013 178,013 181,350 178,390 (378) 31391D-DD-2... FNMA #663500 5.500 10/01/2032 ... 03/01/2003 MBS PAYDOWN. .3.792 .3.792 ..3.840 .3.793 FNMA #668168 6.000 11/01/2032. 31391J-JM-3.. ...03/01/2003. MBS PAYDOWN. .1,477 .1,520 .1,478 1,477 MBS PAYDOWN 31391Q-S8-8... FNMA #673843 5.500 10/01/2017. 03/01/2003 .16 . 100 .16, 100 .16,407 .16 . 107 148 3199996 - Bonds - Special Revenues - United States 2.839.252 2,811,049 2,802,602 2,802,602 (5.911)20.904 XXX XXX 3199999 - Bonds - Special Revenues 2.811.04 20.904 2.802.602 XXX XXX INDUSTRIAL & MISC. (UNAFFIL) UNITED STATES 07383F-AA-6.. BSCMS 1998-C1 A1 6.340 10/01/2007....03/01/2003... MBS PAYDOWN. .16.737 .18.125 ..16.780 1,997 '8442G-AX-4.. SLMA 1998-1 A1 1.884 10/25/2003.....01/25/2003. MBS PAYDOWN, 389,592 389,592 389,842 .1PE. .389,592 9232U-AB-2... TAOT 2001-B A3 1.360 03/15/2005....03/15/2003. MBS PAYDOWN. 121,296 .121 .296 .121 .324 .121,300 301 .1PE... STANDARD FEDERAL CD 5.680 01/22/2003 MATURITY. .50,000 50,000 50,000 .50,000 412 .01/22/2003. 577,624 579,292 4599996 - Bonds - Industrial and Misc - United States 577.624 577,672 (47) 2.899 XXX XXX 4599999 - Bonds - Industrial and Miscellaneous 577.624 577 624 579,292 577 672 (47) XXX XXX 6099997 - Bonds - Part 4 3.380.226 3.380.226 3.418.544 3.388.72 (5,959 (2,536 23,803 XXX XXX 1.035.547 1.000.000 1.035.547 1.035.547 6099998 - Bonds - Part 5 2.375 XXX XXX 6099999 - Total - Bonds 4.415.773 4.380.226 4.454.091 4.424.268 (5.959)(2,536) (2.536 26, 178 XXX XXX 6599999 - Total - Preferred Stocks XXX XXX XXX 7099999 - Total - Common Stocks XXX XXX XXX 7199999 - Total - Preferred and Common Stocks XXX XXX XXX 4.415.773 XXX 4.454.091 4.424.268 (5 959 (2.536)26.178

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

	Mont	h End Deposito	ry Balances				
1	2	3	4	Book Balance at End of Each			
		Amount of	Amount of	Month During Current Quarter 5 6 7			
	Rate	Interest Received During	Interest Accrued at Current Statement				
Depository	of Interest	Current Quarter	Date	First Month	Second Month	Third Month	*
Drevfus Cash Management Fund	IIICICS	57	0	1,290,912	825.832	2.442.886	XXX
Fifth Third Institutional MM		225,038	0	62.969.037	70.404.345	74.705.207	XXX
Huntington Treasury Mkt FD TV		2,288	0	24,782		70,007 (7,395,026)) XXX
Fifth Third Accounts			0	(7,000,009)	(5,570,420)	(1,090,020)) ^^^
not exceed the allowable limit in any one depository							
(See Instructions) - Open Depositories	XXX	207.222		50,000,400	04 707 577	00.000.074	XXX
0199999 Totals – Open Depositories Disposed Holdings	XXX	227,383 973	0	56,626,122	61,727,577	69,823,074	XXX
Disposed nordings							XXX
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0299998 Deposits in							۸٨٨
not exceed the allowable limit in any one depository							
(See Instructions) - Suspended Depositories	XXX						ХХХ
0299999 Total Suspended Depositories	XXX	973	^	EC COC 400	64 707 577	60 000 074	XXX
0399999 Total Cash on Deposit 0499999 Cash in Company's Office	XXX	228,356 XXX	XXX	56,626,122	61,727,577	69,823,074	XXX